

BEST AVAILABLE COPY
MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/009721

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	13		13			
TOTAL CLAIMS	14		14			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS